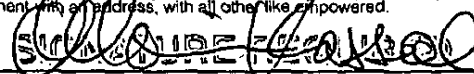


2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 02, 2003 8:00 am
Secretary of State

09-02-2003 90192 024 ***550.00

DOCUMENT # P97000031436					
1. Entity Name COMPUTATIONAL ENGINEERING TECHNOLOGIES, INC.					
Principal Place of Business 1059 WILLA LAKE CIRCLE OVIEDO FL 32765			Mailing Address 1059 WILLA LAKE CIRCLE OVIEDO FL 32765		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
4. FEI Number 59-3440199			☐ CHECK HERE IF MAKING CHANGES Applied For ☐ Not Applicable		
5. Certificate of Status Desired ☐			\$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
CAMPBELL, JOHN M 110 UNIVERSITY PARK DRIVE STE 115 WINTER PARK FL 32792			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			State FL Zip Code		
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating). DATE)					
FILE NOW!!! FEE IS \$550.00 After September 10, 2003 Fee will be \$750.00 Make Check Payable to Florida Department of State			9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	DPT ☐ Delete		TITLE	☐ Change ☐ Addition	
NAME	KASSAB, ALAIN		NAME		
STREET ADDRESS	1059 WILLA LAKE CIRCLE		STREET ADDRESS		
CITY-ST-ZIP	OVIEDO FL 32765		CITY-ST-ZIP		
TITLE	DS ☐ Delete		TITLE	☐ Change ☐ Addition	
NAME	KASSAB, LINDA		NAME		
STREET ADDRESS	1059 WILLA LAKE CIRCLE		STREET ADDRESS		
CITY-ST-ZIP	OVIEDO FL 32765		CITY-ST-ZIP		
TITLE	VPFR ☐ Delete		TITLE	VPFR ☒ Change ☐ Addition	
NAME	DIVO, EDUARDO		NAME	Divo, Eduardo	
STREET ADDRESS	2809 HUNTERS LANE		STREET ADDRESS	2888 Sand Bluff Cove, Oviedo FL 32765	
CITY-ST-ZIP	OVIEDO FL 32768		CITY-ST-ZIP		
TITLE	☐ Delete		TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	☐ Delete		TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	☐ Delete		TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: 			Date 8/17/2003 (407) 312 3935 Daytime Phone #		

CR2E034 (4/03)